



## | Team Entry Form

Please complete this form as part of the process for submitting a team prior to the Team Entry Deadline for the respective sport. There should be only ONE entry per team.

### Team Submission *(Please Print Legibly)*

Parish \_\_\_\_\_ Year \_\_\_\_\_ Expected Roster Size \_\_\_\_\_

- Grade: \_\_\_\_\_, Boy \_\_\_\_\_ / Girl \_\_\_\_\_, Sport: \_\_\_\_\_

**Sports Offered:** Fall – Cross Country, Flag Football, Soccer, Volleyball; Winter – Basketball; Spring – Soccer, Softball, Tee Ball, Track & Field

### Assigned Coaches *(Please Print Legibly)*

#### I. Head Coach

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Street Address \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone \_\_\_\_\_ Best Method of Contact: ( ) Phone Call, ( ) Text, ( ) Email

#### II. Assistant Coach (if applicable)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Street Address \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone \_\_\_\_\_ Best Method of Contact: ( ) Phone Call, ( ) Text, ( ) Email

#### III. Assistant Coach (if applicable)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Street Address \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone \_\_\_\_\_ Best Method of Contact: ( ) Phone Call, ( ) Text, ( ) Email

### Additional Information

Does team consist of combined grades? Yes \_\_\_\_\_ / No \_\_\_\_\_

Which grades are being combined? \_\_\_\_\_

*Does this team have any league assignment requests of which the CYO Office should be aware of?*

*Does this team have any scheduling requests of which the CYO Office should be aware of?*